

# Planning Programs that Incorporate Oral Health Into Primary Care Practice for Safety Net Clinics

NATIONAL ORAL HEALTH CONFERENCE  
APRIL 19, 2016

COLLEEN LAMPRON, MPH, PRINCIPAL, AFL-ENTERPRISES

IRENE HILTON, DDS, MPH, DENTAL CONSULTANT, NNOHA



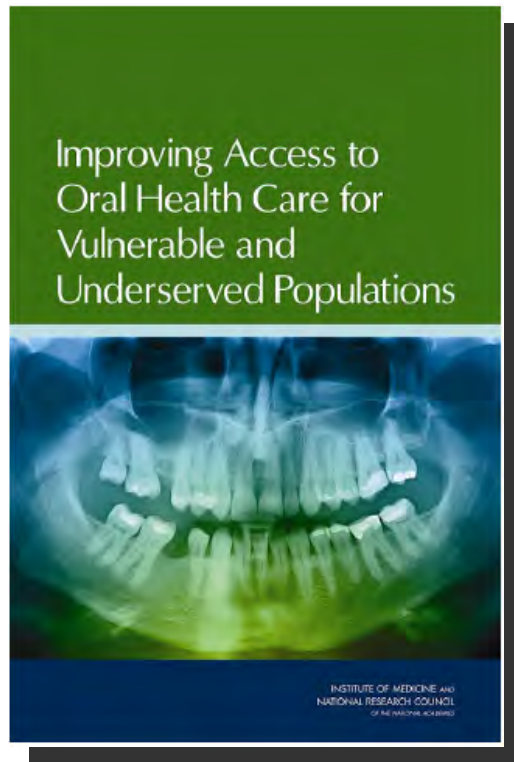
# Presentation Objectives

- Determine organizational readiness for engaging in integrating oral health into primary care practice
- Describe the 5 domains of the oral health core clinical competencies
- Understand the systems that must be created to successfully integrate oral health into primary care practice
- Strategize solutions to common challenges in integration

# Overview

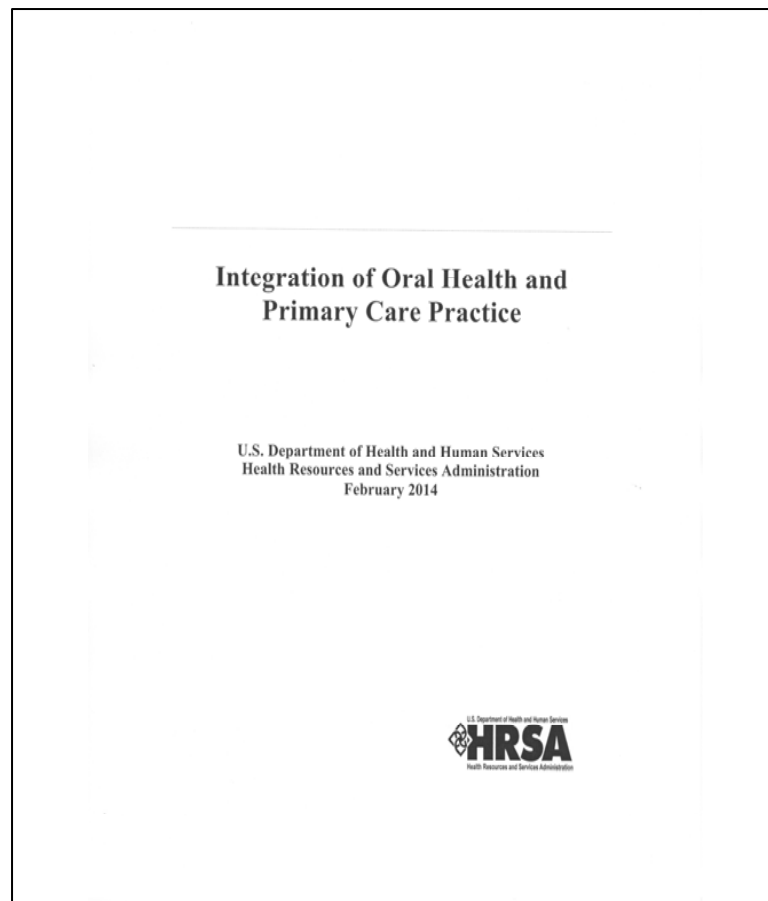
- Who is in the room?
  - Planning a program?
  - Conducting research?
  - General interest in the topic?
- Background
- Readiness Assessment
- Steps to Success: Systems
- Systems change: Breakthrough Series Collaboratives
- Why & what of measurement

# 2011 IOM Report: Improving Access to Oral Health Care



- Recommendations included HRSA developing oral health competencies for non-dental professionals

# 2014 HRSA Integration of Oral Health and Primary Care Practice (IOHPCP) Initiative



- Develop oral health core clinical competencies for primary care clinicians
- Translate into primary care practice in safety net settings

## **Goal:**

- Improve access for early detection and preventive interventions leading to improved oral health

## Primary Care Providers

- MD/DO
- Certified Nurse Midwives
- Nurse Practitioners
- Physician Assistants

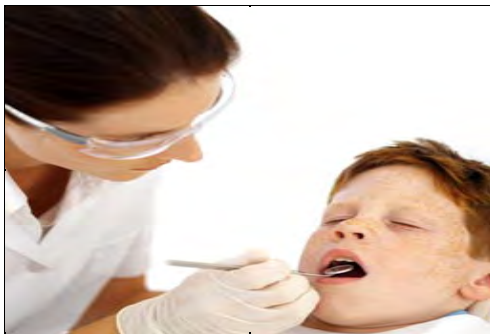
# Oral Health Core Clinical Competency Domains

1. Risk assessment
2. Oral health evaluation
3. Preventive interventions
4. Communication & education
5. Interprofessional collaborative practice

## 2005- Oral Health Disparities Collaborative Pilot Implementation Manual

The Health Resources and Services Administration's Health Disparities Collaboratives  
A National Quality Effort to Improve Outcomes for All Medically Underserved People

Oral Health Disparities Collaborative Implementation Manual



## 2015- A User's Guide for Implementation of Interprofessional Oral Health Core Clinical Competencies

A User's Guide for Implementation of Interprofessional Oral Health Core Clinical Competencies: Results of a Pilot Project





**University of California Los Angeles (UCLA) –  
First 5 LA  
Quality Improvement Learning Collaborative**

**INCORPORATING ORAL HEALTH COMPETENCIES INTO  
PRIMARY CARE PRACTICE IN 25 HEALTH CENTERS/FQHCS**

**UCLA**

**first 5 la**  
Giving kids the best start





## Readiness Assessment

## Characteristics of Success

- Leadership Vision & Support
- Integrated Organizational Executive Team
- Co-location
- Organizational Culture of Quality Improvement
- Staff Buy-in: Understanding the “Why”
- Patient Enabling Services
- Champions
  
- Bonus: *Integrated EHR system*

# Turn & Talk: Where is your Organization?

- Planning a program: Assess your own organization, or a partner organization on the characteristics of success
- Which did you rate high?
- Which did you rate low?
- How would a low score impact your ability to implement?
- Turn & Talk: Discuss how you might develop one missing/low level characteristic?

## Steps to Success for Integration Projects

- Planning
- **Training system**
- **Health information system**
- **Clinical care system**
- **Evaluation system**

# Planning

- Establish a Team
- Select a population of focus & the clinical practice being underutilized
- Create timeline
- Explore reimbursement
- Figure costs
- Look for synergy with existing initiatives
- Gear up test cycle process
- Identify champions

## Training Systems

- Online training
- In-person training (interdisciplinary collaboration opportunity)
- On-boarding new health professionals

## Health Information Systems

- EHR revision
- To implement the five IPOHCCC domains, an EMR must be able to:
  - Provide screening tool—ideally one that automatically scores risk level for individual patients
  - Document evaluation, interventions, self-management goals, and education
  - Print educational handouts and post-visit instructions
  - Refer the patient for care
  - Collect data
- EMR-EDR relationship



# Clinical Care System

- Workflow
  - Who & during what part of the care visit?
- Screening/Risk assessment
- Evaluation
- Interventions
- Communication & education
  - Take home materials
  - Motivational interviewing
- Interprofessional collaborative practice
  - Referral & follow-up

## Evaluation Systems

- Number screenings/assessments performed
- Number of interventions for high-risk patients.
- Number patients linked to definitive care and treatment
- Changes in quality of care/outcome indicators
- Knowledge and skills of providers
- Patient experience and knowledge

# Turn & Talk:

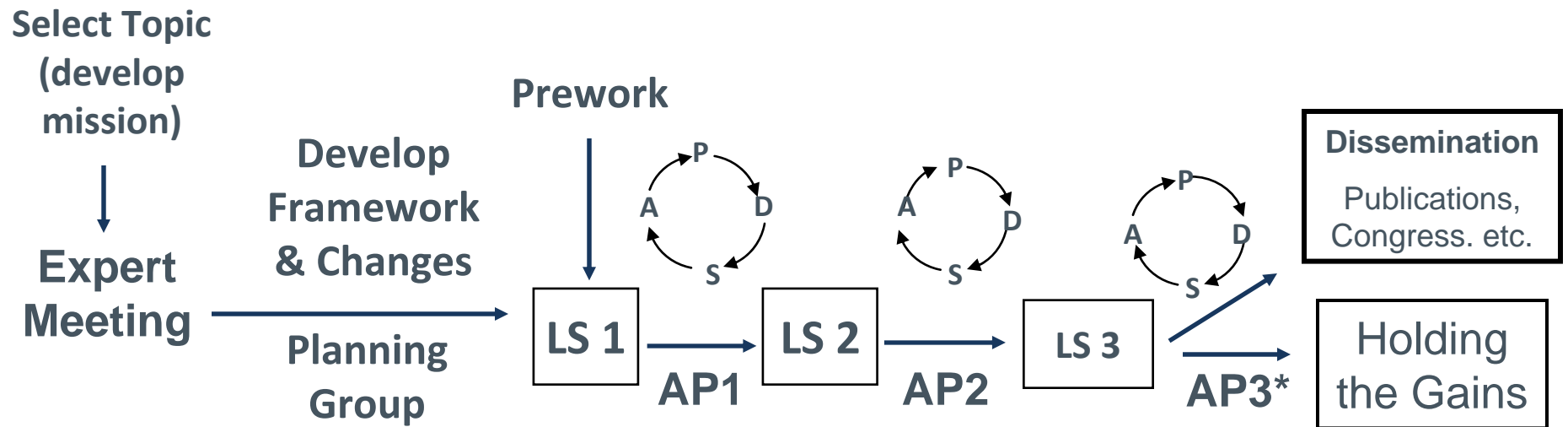
## Where is your Organization?

- Champion: Whatever you are thinking of, who do you think would be a champion? Why? (What characteristics do they have?)
- IT status: EMR-EDR relationship. If the system isn't integrated, what are some things you can do to work around that to:
  - Provide screening tool—ideally one that automatically scores risk level for individual patients
  - Document evaluation, interventions, self-management goals, and education
  - Print educational handouts and after visit summaries
  - Refer the patient for care
  - Collect data

# Quality Improvement and Systems Change

A time tested framework for making  
change happen

# Institute for Healthcare Improvement (IHI) Breakthrough Series Collaborative Model (6 to 18 months time frame)



**LS – Learning Session**

**AP – Action Period**

Supports		
Email (listserv)	Phone Conferences	
Visits	Assessments	Extranet
Monthly Team Reports		

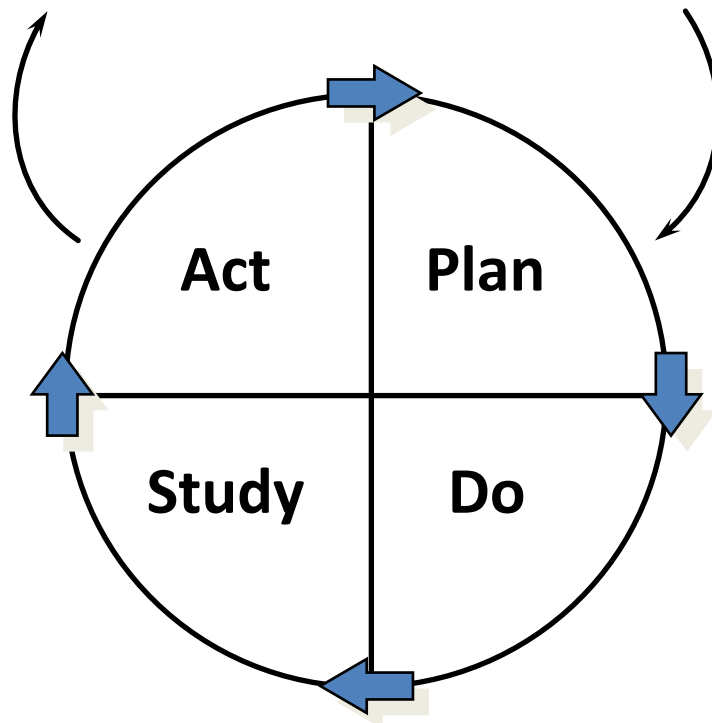
\*AP3 –continue reporting data as needed to document success

## Model for Improvement

What are we trying to accomplish?

How will we know that a change is an improvement?

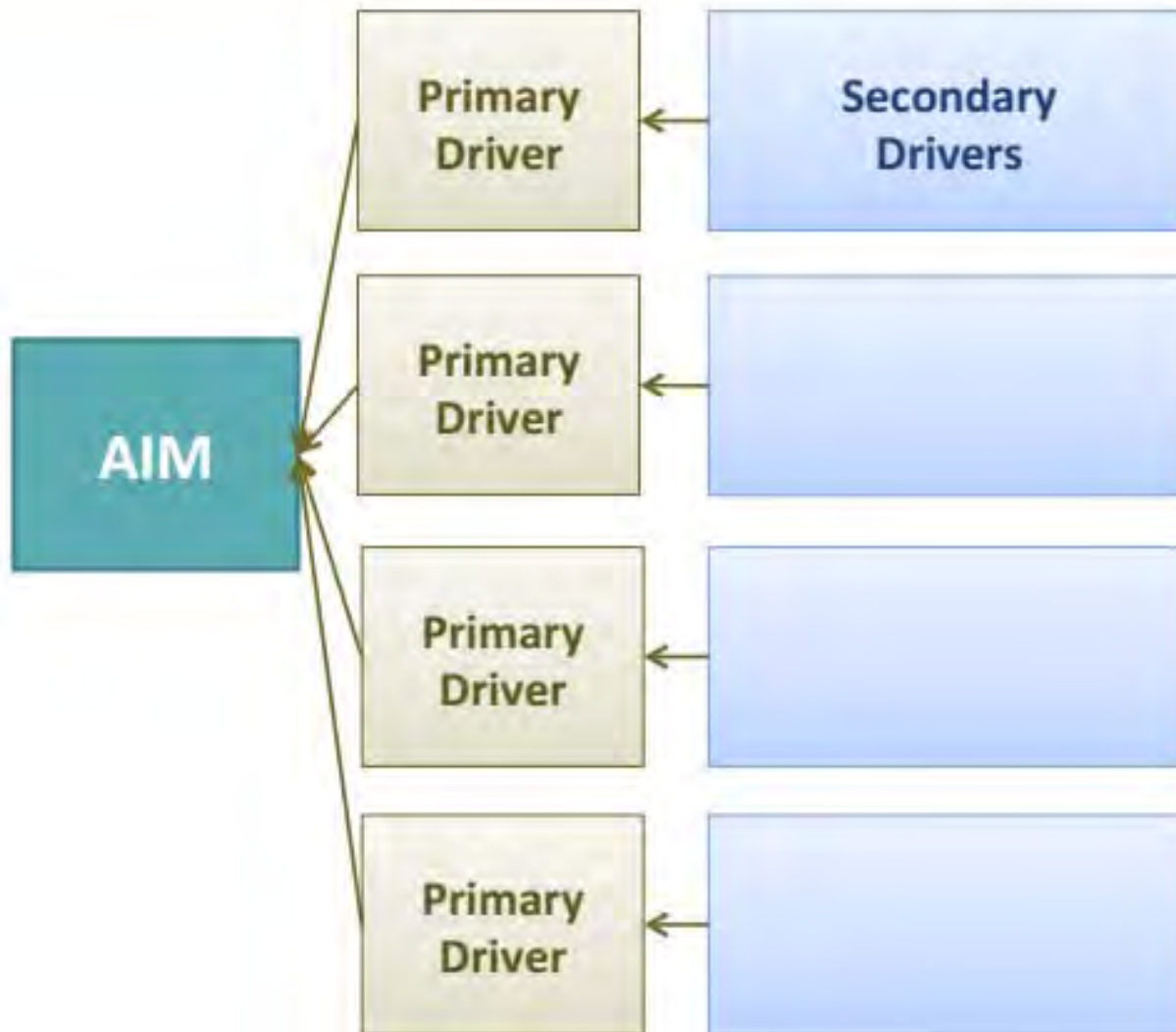
What change can we make that will result in improvement?



***Three questions***  
and a ***test cycle:***

The Model for Improvement is a general method to help you to improve through iterative learning.

# Driver Diagram Basics



- Change
- Change
- Change

**Change:** Specific ideas to be attempted.

**Hint:** Tend to be processes, cultural norms, structures or roles

# Sample: Oral Health Disparities Collaborative (OHDC) Measures

## Perinatal

1. % Pregnant women with comprehensive dental exam completed while pregnant
2. % Pregnant women with completed Phase I dental treatment plan within 6 months of exam
3. % Pregnant women with Self Management Goal (SMG) set while pregnant

## Early Childhood Caries

1. % Children with dental evaluation by age 12 months
2. % Children 12 -60 months with dental evaluation in last 12 months
3. % Children 12-60 months with completed Phase 1 dental treatment plan within 12 months of exam
4. % children 12-60 months with documented Self Management Goal set



# Why We Measure

- In order to manage a system, we are required to make predictions about its future performance
- A predictable (and thus manageable) process operates in a more or less consistent fashion over time

# The Three Faces of Performance Measurement

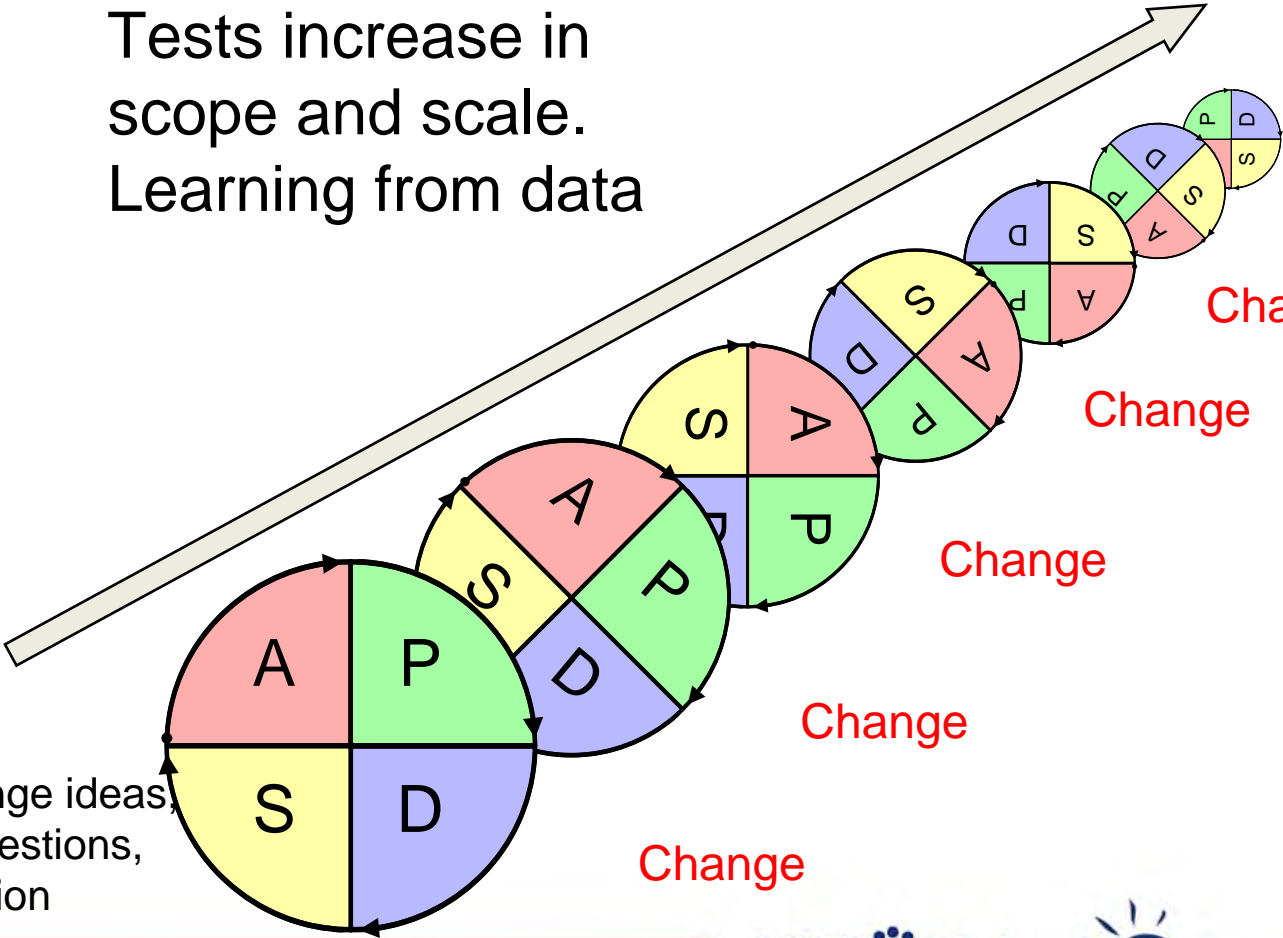
Aspect	Improvement	Accountability	Research
<b><u>Aim</u></b>	Improvement of care (efficiency & effectiveness)	Comparison, choice, performance management	New knowledge (efficacy)
<b><u>Methods:</u></b>			
• Test Observability	Test are observable	No test, evaluate current performance	Test blinded or controlled
• Bias	Accept consistent bias	Measure and adjust to reduce bias	Design to eliminate bias
• Sample Size	“Just enough” data, small sequential samples	Obtain 100% of available, relevant data	“Just in case” data
• Flexibility of Hypothesis	Flexible hypotheses, changes as learning takes place	No hypothesis	Fixed hypothesis (null hypothesis)
• Testing Strategy	Sequential tests	No tests	One large test
• Determining if a change is an improvement	Run charts or Shewhart control charts (statistical process control)	No change focus (maybe compute a percent change or rank order)	Hypothesis, statistical tests (t-test, F-test, chi square, p-values)
• Confidentiality of the data	Data used only by those involved with improvement	Data available for public consumption and review	Research subjects’ identities protected

Reference: Solberg, L., Mosser, G., and McDonald, S. “The Three Faces of Performance Measurement: Improvement, Accountability and Research” *Journal on Quality Improvement* vol. 23, no. 3, (March 1997), 135-147.

# Building Belief

System changes that will result in improvement

Tests increase in scope and scale.  
Learning from data



Change ideas, suggestions, intuition

# Travel Reliability

- What measures do *you* take to make sure you haven't forgotten something important when you travel?



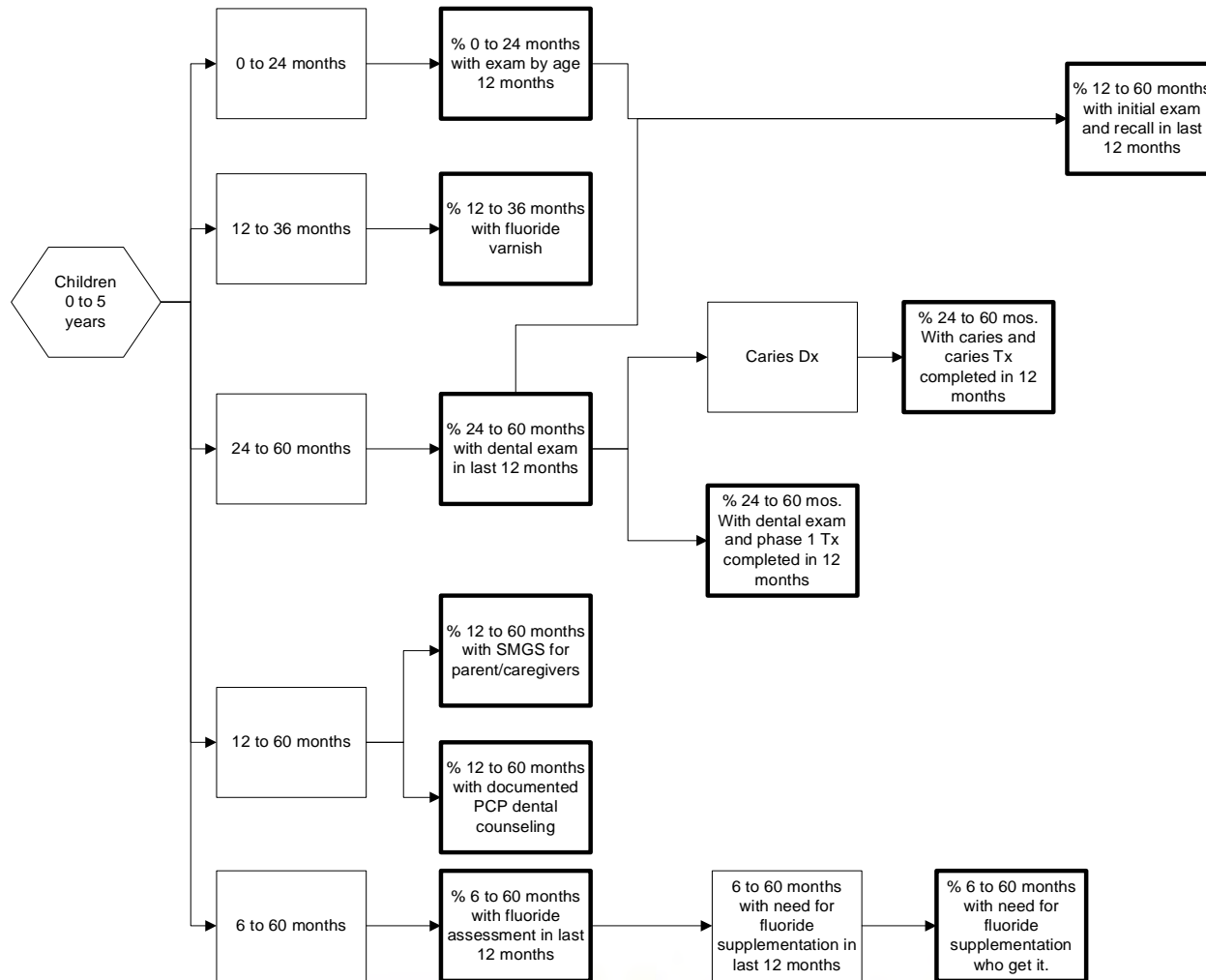
# One Traveler's Solution

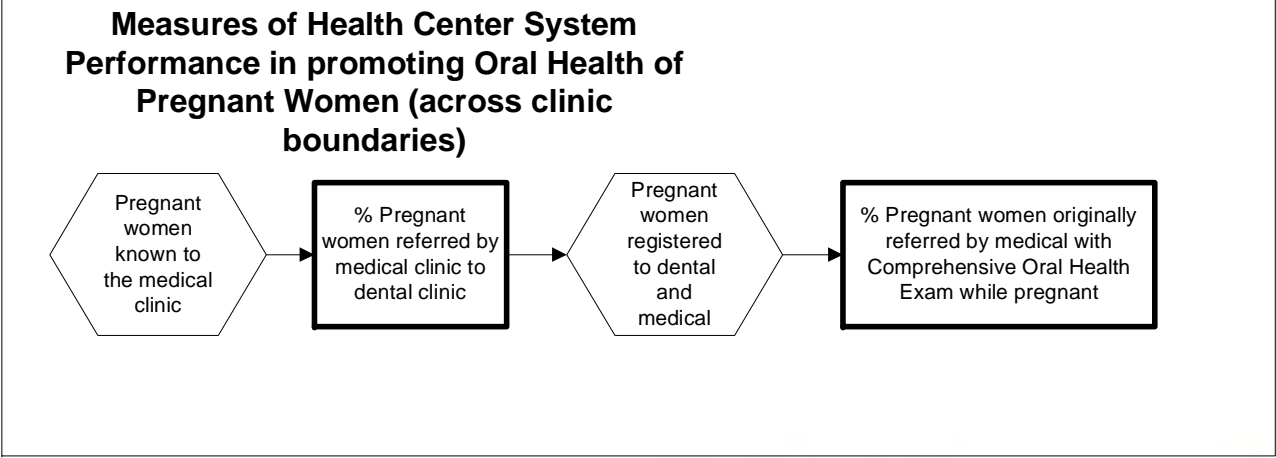
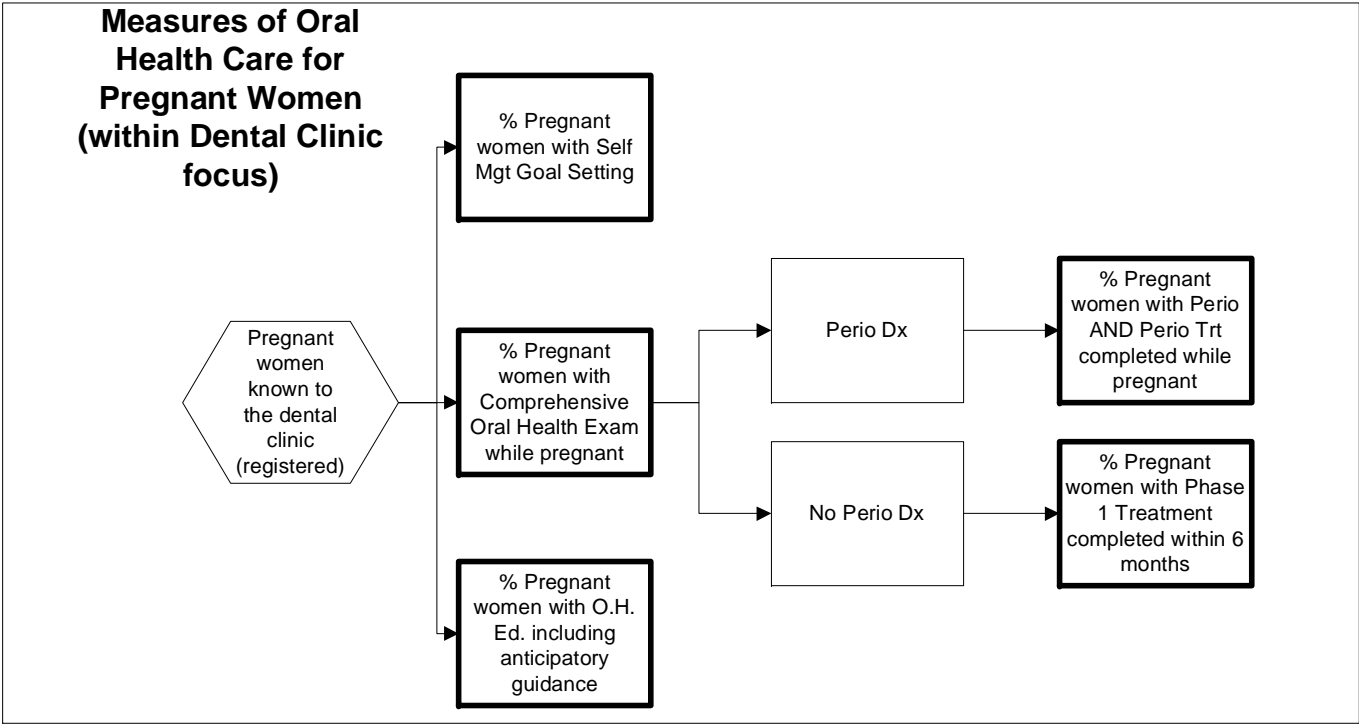


Richard Scoville • richard@rscoville.net • cell: 919.619.2284 • REWARD FOR RETURN

SCOVILLE TRAVEL CHECKLIST		Destination: _____
<b>BACKPACK</b>		<b>PURSE</b>
<input type="checkbox"/> Mac & Power Supply		<input type="checkbox"/> Keys
<input type="checkbox"/> DVD Drive and cable		<input type="checkbox"/> iPhone, verify Global settings
<input type="checkbox"/> VGA adapter		<input type="checkbox"/> Pills
<input type="checkbox"/> Speakers		<input type="checkbox"/> Wallet
<input type="checkbox"/> Slide controller		<input type="checkbox"/> Hearing aid & fresh batteries
<input type="checkbox"/> Mouse		<input type="checkbox"/> Boarding pass
<input type="checkbox"/> Camera, charger, USB adapter, SD card		<input type="checkbox"/> Passport
<input type="checkbox"/> iPad, keyboard, files saved for travel		<input type="checkbox"/> Itinerary printed
<input type="checkbox"/> Thunderbird: calendar timezone adjust		<input type="checkbox"/> Headphones, adapters, spare batt
<input type="checkbox"/> Bluetooth headset, charged		<input type="checkbox"/> Ear buds
<input type="checkbox"/> Cables iPad, iPhone, micro;		<input type="checkbox"/> Chapstick, lotion
<input type="checkbox"/> USBAC power block		
<input type="checkbox"/> HD camera, tripod Mr P's		<input type="checkbox"/> Small notebook
<input type="checkbox"/> Zoom recorder, batteries, spare SD		<input type="checkbox"/> Pencil, spare leads
<input type="checkbox"/> Flashlight		<input type="checkbox"/> Subway fare cards
<input type="checkbox"/> Tripod (monkey grip)		<input type="checkbox"/> Sunglasses
<input type="checkbox"/> Batteries: AA, AAA, Hearing Aid		
<input type="checkbox"/> Water bottle, Bottle tether		<b>ROLLBOARD</b>
<input type="checkbox"/> Plastic bags		<input type="checkbox"/> Intl AC Adapter
<input type="checkbox"/> Printed course agendas		<input type="checkbox"/> Power strip
<input type="checkbox"/> Supplies for exercises		<input type="checkbox"/> Music: whistle, flute, glasses
<input type="checkbox"/> Movies linked, slides unhidden		<input type="checkbox"/> Coffee, 1/day
<input type="checkbox"/> Data stick w/ critical files		<input type="checkbox"/> Toiletries refreshed
<input type="checkbox"/> Worksheets & Slides printed		<input type="checkbox"/> Spare glasses
<input type="checkbox"/> Currency		<input type="checkbox"/> Bathing suit
<input type="checkbox"/> Business Cards		<input type="checkbox"/> Granola bars
<input type="checkbox"/> Book / Kindle books		<input type="checkbox"/> Spare totebag
<input type="checkbox"/> Notebook and Calendar		<input type="checkbox"/> Backpack tether strap, bungee, clip
<input type="checkbox"/> Check VPN access		
<b>** DEPARTURE TIMES VERIFIED **</b>		
<b>POST TRIP TASKS</b>		
<input type="checkbox"/> Check cell phone alarm off		<input type="checkbox"/> Unforward calls to cell
<input type="checkbox"/> Expenses		<input type="checkbox"/> Refresh supplies, toiletries

## Early Childhood Oral Health Care Measures

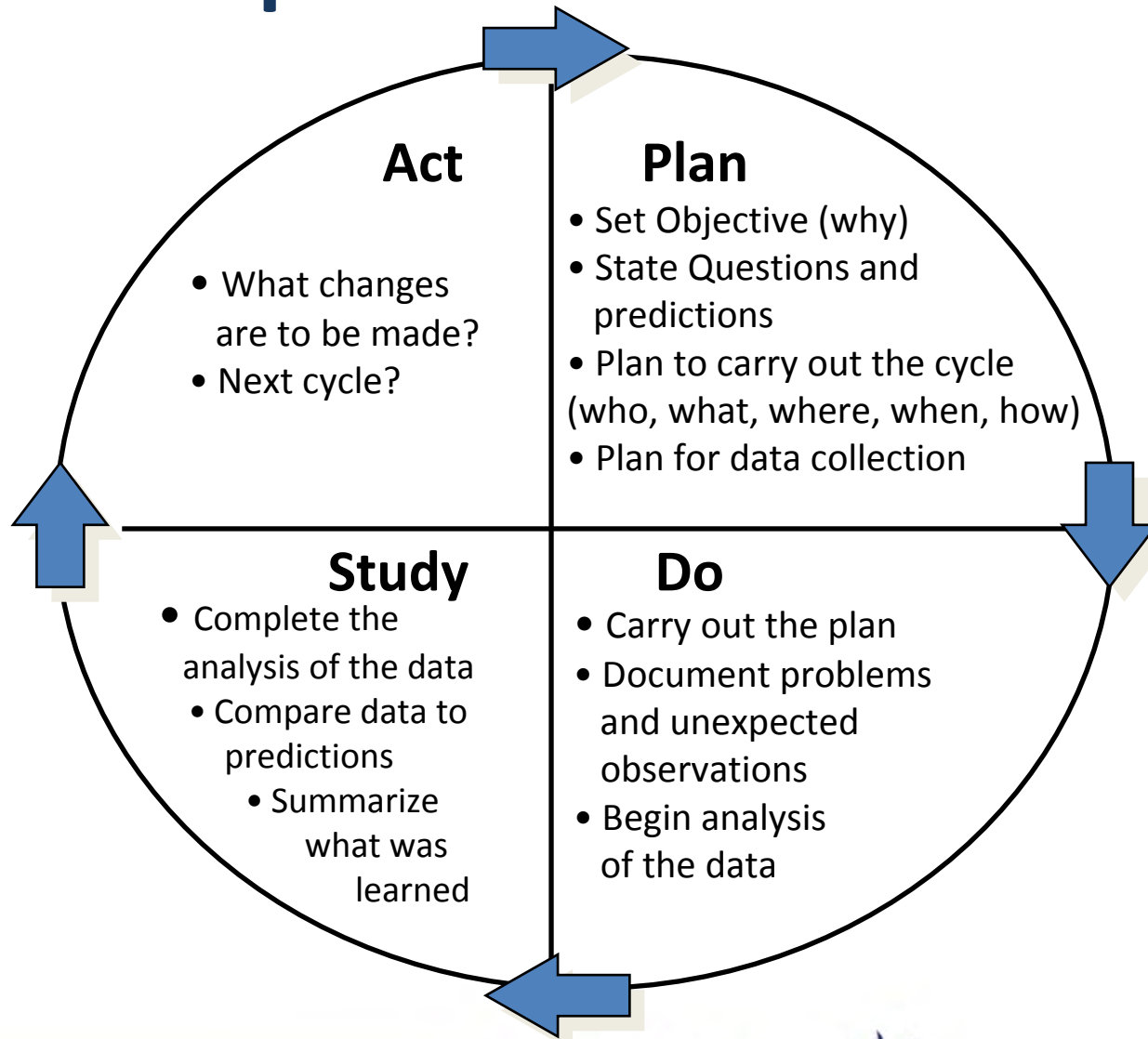




Legend: measure indicated by dark border



# Basic Components of Each Test Step





# To Be Considered a PDSA Cycle...

- The test or observation was **planned**...including a **plan for collecting data** and a **prediction** about results
- The plan was attempted (**do** the plan).
- Time was set aside to analyze the data and **study** the results.
- **Action** was rationally based on what was learned.

# PDSAs

- PDSAs inform the system – think strategically about what you need to achieve and the key elements you need to get there.
- Scientific method that we use
- Discipline to complete the full cycle, helps us to understand our systems.

# Process Out of Control



# PDSA Exercise

- Using the PDSA form, plan a small test of change for something you interested in.
- Share: what are you trying to accomplish?
- For coaching on your test, feel free to talk with us after the session.

# Lessons Learned

- Use high functioning teams to test drivers, measures and change package
- Leadership is critical for success
- Need to develop baseline QI skills in dental
- Basic QI skills need constant reinforcement
- There are different levels of readiness
- Staying engaged and supporting QI will be beneficial in the long run
- This method is producing systems changes

# Sharing

- What is one thing you will take away from this session to move forward with incorporating oral health into primary care practice?

# Thank You! Questions?

## Contacts:

Irene V. Hilton, DDS, MPH

Dental Consultant, National Network for Oral Health Access

[www.nnoha.org](http://www.nnoha.org)

[irene@nnoha.org](mailto:irene@nnoha.org)

Colleen Lampron, MPH

QI Collaborative Director

720-838-7739

[colleenlampron@afl-enterprises.com](mailto:colleenlampron@afl-enterprises.com)

